STAGES OF CHANGE MODEL

| | What is the client feeling/doing? | What can the counselor do? | Are medications appropriate? |
|------------------|---|--|--|
| precontemplation | not ready to change - the client has little or no thought or interest in changing the behavior | raise ambivalence – increase the client's perception of risks and problems with current behavior | if the client does not believe that they have a problem with alcohol then they probably will not be open to taking medication; however, knowing there are medications that could help may create an interest in treatment and offer hope |
| contemplation | thinking about change - the risks and benefits of change are assessed by the client | tip the decisional balance – evoke reasons for change and risks of not changing; strengthen the client's self-efficacy for behavior change | could promote the consideration of possible sobriety and support the notion that change is possible; clients can view medications as another tool to help them achieve their goals |
| preparation | getting ready to make change - the client gets ready to change and tests the waters by creating a plan of action | help the client to determine the best course of action to take in seeking change; develop a plan | can be a part of a client's individualized treatment plan; schedule and regimen can promote the client's commitment to the plan and set a timeframe for initiating the plan |
| action | making the change – the client makes steps to change | help the client implement the plan; use skills; problem-solve; support self-efficacy | positive effects from medication can reinforce initial success of treatment; can reduce cravings and post-acute withdrawal symptoms |
| maintenance | sustaining the change – the client continues the action plan until change has been integrated into the client's lifestyle | help the client identify and use strategies to prevent relapse; resolve associated problems | can prevent relapse; can support stabilization and resolution of other problems during psychosocial therapy sessions; can reduce cravings and post-acute withdrawal symptoms |
| relapse | slipping back into previous behavior – the client goes back to the behavior and must reenter the cycle of change | help the client recycle through the stages of contemplation, preparation and action, without becoming stuck or demoralized because of relapse and identify triggers leading to relapse | can support the client's commitment to change; can reduce cravings and post-acute withdrawal symptoms |

